

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Elgin City Police Department PO Box 128 Elgin, OR 97827-0000 OR03102F Elgin City Police Department					
4. Employer Identification Number 936002155		5. Recipient Account Number or Identifying Number		6. Final Report ☐ Yes ☒ No	7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03 /01 /95		To: (Month, Day, Year) 02 /28 /98		9. Period Covered by this Report From: (Month, Day, Year) 07 /01 /95	To: (Month, Day, Year) 09 /30 /95
10. Transactions:		I Previously Reported 06 /30 /95	II This Period	III Cumulative	
a. Total outlays		2,379.00	7449-	9828-	
b. Recipient share of outlays		87.00	272-	359-	
c. Federal share of outlays		2,292.00	7177-	9469-	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)				9469=	
h. Total Federal funds authorized for this funding period				69,701.00	
i. Unobligated balance of Federal funds (Line h minus line g)				69,701-	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$ PROGRAM INCOME: C. Forfeit \$ D. Other \$ E. Expended \$ F. Unexpended \$					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Joe GARLITZ City Recorder			Telephone (Area code, number and extension) 503 437 2253		
Signature of Authorized Certifying Official <i>Joe Garlitz</i>			Date Report Submitted 12/27/95		